

<b>Case Number:</b>	CM15-0001333		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/19/2004
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male, who sustained an industrial injury on 5/19/2004. He had reported severe low back pain radiating to the right leg. The treatments included were lumbar spinal fusion, injections, medications, TENS unit, physical therapy, and intrathecal pump. Diagnoses to date were post laminectomy syndrome and lumbar radiculopathy. Currently, the IW complains of neck pain radiating to right upper extremity, low back pain radiating down both lower extremities with pain levels of 8 to 9/10. The provider noted the injured worker had severe functional disability with activities of daily living. On 12/5/2014 Utilization Review modified Klonopin 0.5mg #30 to #24, noting the MTUS Chronic Pain Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Klonopin 0.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The patient presents with pain affecting the lumbar spine and right shoulder. The current request is for Klonopin 0.5mg #30. Klonopin is a benzodiazepine. The treating physician states that the patient rates their pain as an 8/10 with medications and a 10/10 without medications and the patient does have drowsiness from medication. The MTUS guidelines state, not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the treating physician has documented that the patient has been taking Klonopin since at least June 2014 which would exceed the recommended guideline of 4 weeks. The current request is not medically necessary and the recommendation is for denial with weaning as recommended by MTUS.